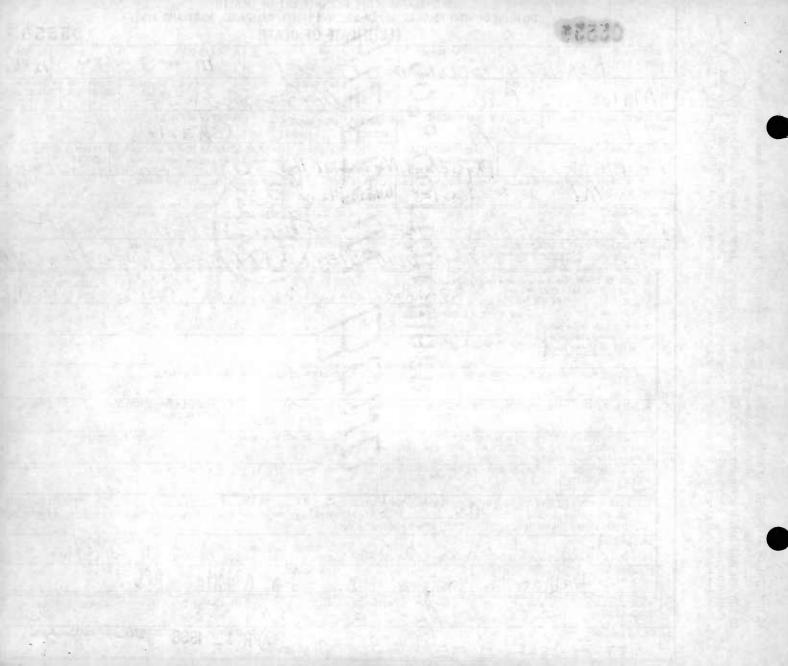
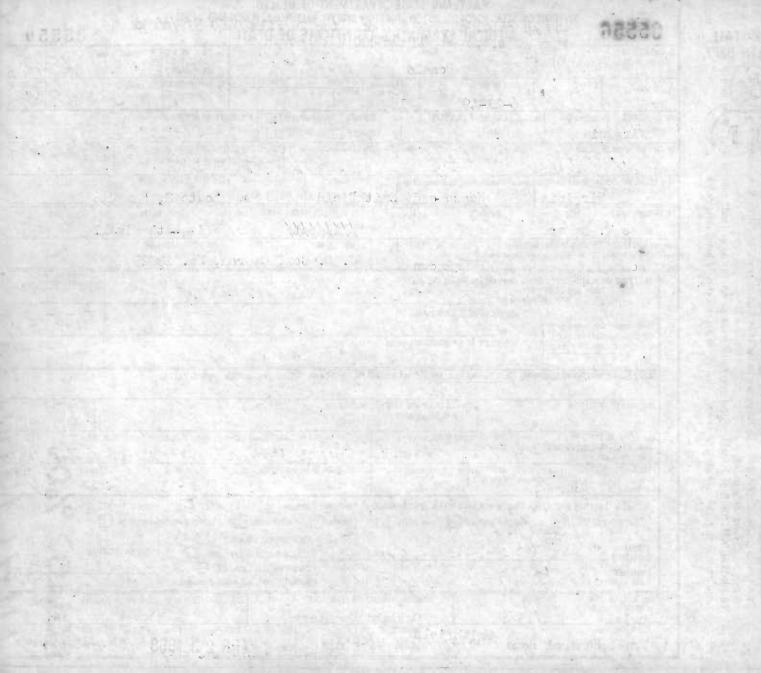
MARYLAND STATE DEPARTMENT OF HEALTH

THE PROPERTY OF THE PARTY OF TH The property of the state of th Dentities of State Con-The state of the s THE STREET, ST. P. LEWIS CO., LANSING, MICH.

1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
12 (M)	ſ.	CERTIFICATE OF DEATH 05558
		CEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR ype ar print) K 61 14 16 7 1
unero unero		THORETHE COUARD TO DET 4
the fu	3. SE	Male S. DATE OF BIRTH S. DATE OF BIRTH 6. AGE (In years last birthday) WONTHS DAYS HOURS MIN. YRS.
4 hours	7o. I	SIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 19. COUNTY OF DEATH WIDOWED DIVORCED 19. COUNTY OF DEATH WIDOWED DIVORCED 19. COUNTY OF DEATH WIDOWED 19. COUNTY OF
within 24 rilled ban pape	10.0	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital lead usual OCCUPATION (Kind of work done diversite address) A A A A A B A A B B B B B B B B B B B
ecuted v camplete ave cark y event,	13a. adm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before sion) STATE 13b. COUNTY haves White Plains YES NO
be exe	14. 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle SEINNEET LOST
tificate be hysician c n please val, and in		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT PROPERTY OF THE PLANES OF THE PLANE
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 4 and shauld be filed with the State Dept. af Health priar ta burial, crematian, or removal, and in any event, within 72 hours after death		1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (i).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), (b) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH FOR CONSEQUENCE OF
equires tha physician. signed by burial-tran		stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c)
requi ng phy en sign e buri ta buri	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
The law ratending attending has been se as the th priar ta	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
PHYSICIAN:) he hospital ar this certificate letached far us bept. af Healt	MEDICAL CER	21c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.)
PHYS the hos this ce detache e Dept.	ME	21d. INJURY OCCURRED While Not while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town County State
Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-trar shauld be filed with the State Dept. af Health priar ta burial, crea		220. I certify that (I) (this haspital) attended the deceased from 3/21, 19/50, ta 4/2, 19/50, that (I) (we) last saw the deceased alive on 19/50, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the bady ofter death.
HOSPITAL OR ATTEN 19ge 4 may be retained FUNERAL DIRECTOR: 1rectar, page 3 shauld hauld be filed with the		22b. SIGNATORE MED. STAFF 22c. DATE SIGNED DIRECTOR PHYS. 22c. DATE SIGNED 22c. DATE SIGNED DIRECTOR PHYS.
SPITAL 4 may NERAL tar, pa		22d. PHYSICIAN'S PETURO M. MONTERS M.D. 22e. ADDRESS P. A. D. 1
TO HO Page To Full direct shau	8	BURIAL CREMATION, 23b. PATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) PREMOVAL (Specify) / 2-5-68 PROSPECT /// /ORK
VR A15 (4) 30M REV. 1/68	24. 	FUNETT FUNERAL HOME WALDERS MODELS REGISTRAR 19686. REGISTRAR SECRETARIES SIGNALISES LANGUAGE



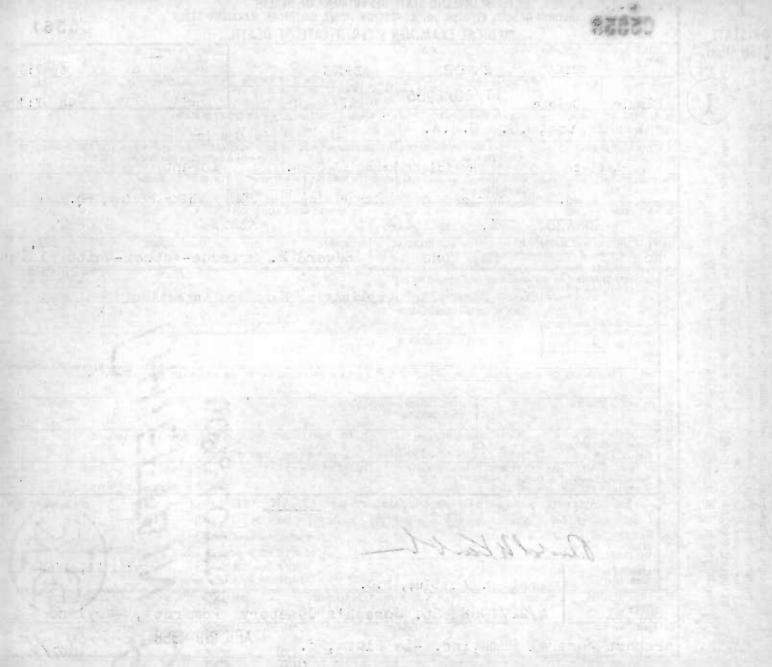
		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201/68 kg	
FOR STATE		JODDO THOMEDICAL EXAMINER'S CERTIFICATE OF DEATH	05559
HEALTH DEPT.		PECEASED-NAME Lost / 20. DATE KNOWN Month Do	y Yeor 2b. HOUR
S 8 5	(Type or Print) JAMES Donald DAKER DEATH MATED 45	- 68 a 50 "
3 7 5	3. S	Schill Market	2d. HOUR
a S S S S S S S S S S S S S S S S S S S	0. 5	lost birthday) MONTHS DAYS HOURS MIN. Month A/ Day	Yeor 68 0496
E = =	7.	// C 0-21-49 18 YRS.	1940 7 9 M
ERA	70.	BIRTIPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
See Land		Virginia USA WIDOWED DIVORCED Charles	_/ _Md
Pages iith for	10. (TY OR TOWN OF DEATH 11. NAME OF FIOSPITAL OR INSHIPUTION (If not in-bospital) 120. USUAL OCCUPATION (Kind of work done) 12	P. KINB OF BUSINESS OF
0 0 5	1	difficulties give states address the state of during transition of working life over if retired the	Balle.
after do 8. Give olong w with the leath.	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
	0	dmission) STATE Virginia 13b. COUNTY Nansemond Smithfield YES NO D Route 2, Box 24	6
hours Office Office offer of		ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
hour Item Office Office offer			
hin 24 ncil in niner's pages haurs			
within 24 pencil in cominer's le pages 72 haurs		os no or unknown) (if we and we do	
with year of the wild with the wild with the wild will be with the will be with the wild will be with the will be with the will be will	_	No Unlessum J. D. Cox, Capron, Va. 23829	
ed in F		1B. CAUSE OF DEATH (Enter only one couse per line for (of (b) ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d be executed d'pending" in Chief Medical E transit permit. F		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CRECOFUL REMARKS TO SE	
mdi Me pe		8/2.0 DUE TO, OR AS A CONSEQUENCE OF	4
nsit nsit		Conditions, if ony, which gove)	-5.60
ould to word the China cony to ony to ony to ony to ony to one one one one one one one one one on		rise to immediate couse (a). stating the underlying couse (b). DUE TO, OR AS A CONSEQUENCE OF	(L) (L)
should be executed no word "pending" is the Chief Medical buriol-transit permit. I in ony event within		lost.	
s sh he to bu		PART O OTHER COMPLICANT COMPUTANCE CONTRIBUTION TO PETAL DUT HOW DELIVED TO THE YOUNG TO BE SHOWN IN THE PETAL DUT HOW DELIVED TO THE YOUNG TO BE SHOWN IN THE PETAL DUT HOW DELIVED TO THE YOUNG TO BE SHOWN IN THE PETAL DUT HOW DELIVED TO THE YOUNG TO BE SHOWN IN THE PETAL DUT HOW DELIVED TO THE PETAL DUT	
is certificate slate, writing the forwarded to le used as a burremoval, and is		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ertificat writing warded warded sed as c	NO	DO ANT OF OPPOATION	
certificorwar	CATI	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	CERTIFICATION		YES NO
		210. EXTERNAL CAUSE WAS 21b. TIMEOF INJURY Month, Doy, Year 21 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item PRIMARY OR CONTRIBUTING 1	1B.)
INER: ne certifi should files: 3 should nation, c	MEDICAL	CAUSE OF DEATH	t Atop Rice
State of the state	ME		County State
EXAMINER: cute the certifoge 4 should ryaur files. : Page 3 should, cremation,		WHILE AT WORK	a Rio
111 3 01 1			and in any artistics
DEPUTY Cessary, please exect e funeral director. Po may be retained for FUNERAL DIRECTOR: calth prior to buriol			and in my apinian
ose ose ninect IREC to b		death resulted frame. Actival causes , Accident , Suicide , Hamicide , Undetermined manner	
dir dir		ACTUAL CHIEF MEDICAL EXAMINER	
TY, ple eral di se reti AAL D prior		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE SIG	NED /
EPUTY sssary, funerall ay be JNERAL Ith pri		EXAMINER'S DEPUTY MEDICAL EXAMINER	0-68
ro DEPUT necessary the funer 5 may by ro FUNER Health		NAME (Type) // I D P // L // ADDRESS(Street, city, town, or county)	
0 = + 0 H	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Co.	ounty) (Stote)
The state of the s	100	REMOVAL (Specify) Burial 4/13/68 Oakland Cemetery Churckatu	ck. Va.
B	24.	FUNERAL DIRECTOR SmithfieldDDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	
VR A15ME (5)	17		arles Judge



	11	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05560
HEALTH DERT		ECEASED-NAME // First A Middle
ay is 3 to 9 to		Type or Print) NAVERLY Lee DRANDON OF ESTI- 45- 68 10 P
Po Po	3. 5	
y dely and phys.	/_	3-1-46 22 YRS Mallin 4 Day 3 rear 60 10 p
Sny dell 1, 2, and m PM3. Deparème		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
State		Virginia USA WIDOWED DIVORCED Charles III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1/20, USUAL OCCUPATION (Kind of work done 1/20, KIND OF BUSINESS OR
offer death. 8. Give Pages 1, alang with farm with the State Deeath.	3	Lajve street address) during mast of working life, even if retired.) INDUSTRY
Sive P ng wi h the h.		La Plata Physicians Memorial Hosp. Prison inmate Prison USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
	3	dmissian) STATEVirginia 13b. COUNTPittsylvania Ringgold VES NO K Route 1
haurs Item 1 Office 1 and 2 after 6		FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	P	earman Doe Brandon Amelia (unk) Conley
hin 24 ncil in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
I within 2 n pencil i Examiner File page 72 haur		(es, na, ar unknawn) (If yes give war or dates of service) unknown J. D. Cox, Capron, Va. 23829
		18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecuted in ding" in Medical Espermit. Fi		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Survey Control Contro
		Conditions, if any, which gave) DUE TO, OR AS A CONSERVENCE OF Conditions, if any, which gave)
d be Chie trans		rise ta immediate cause (o).
shauld be to ward "per to the Chief purial-transit in any ever		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
9 ± + - P		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)
- G G		2/6/
is certif farwar farwar e used remaval	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
N 0 4 0 0	STEC	WAS PERFORMED? YES □ NO ☑
ifficat d be ald bo		216. EXTERNAL CAUSE-WAS 216. TIME OF INJURY Manth, Doy, Year PRIMARY FOR CONTRIBUTING THOURS AM. HOUR AM.
INER: e certi shaulc files. 3 shau atian,	MEDICAL	CAUSE OF DEATH GO F.M. 43 1900 Front slat With Man under Truck at St
XAMIIN te the ge 4 sl your fi your fi crema	3	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, while not while factory, affice building and form). County frate
m > 8		AT WORK I AT WORK I TELEVISION TO PERSON AT NOTE Class the
ICAL exector. Por Par Par Par Par Par Par Par Par Par Pa	100	22a. I certify that I taak charge of the remains described above, held an Autapsy , inspection , Inquiry , and in my apinic
Sectorine REC		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner
pleor retor		ACTUAL ACTUAL
ary, neral be ERAL		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED DEPUTY MEDICAL EXAMINER 4-6-6-8
o DEPUTY necessary, the funeral 5 may be 0 FUNERAL Health pri		NAME (Type)
5 + 2 0 + + 5 + 5 + 5 + 5 + 5 + 5 + 5 + 5 + 5	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETRY OF CREMATORY 23d. LOCATION (City or Town) (County) (State)
		REMOVAL (Specify) EY LM 2/11 Y 4-29-48 RICHMOND, VIRGINIA
VR A15ME (5)	24.	EUNERAL DIRECTOR STATE ARMAS OM CAL DIVISION 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
10M REV. 1/68		William Home RICHMOND VIRGINIA DATE MAY 0 1 1968 yourses Judges

AND THE REAL PROPERTY AND ASSESSMENT OF THE PARTY OF THE

/		-	48	ms. Lo. 21 0.5-15-68					'AKIMENI UI ON STREET, BAI			AND 21:	201				750
FOR S	TATE	1		02224 ,	1. 0				ERTIFICATE						U	556	51.
HEALTH	DEPT			CEASED-NAME ype or Print)	First		Midd		Lost			OF	KNOWNX ESTI-			Yeor	2b. HOUR
y is 3 to age	āM	/	3. SE		DEBRA		AINE	6. AGE (In years	RISCOE IF UNDER 1 YEAR	IF UNDER	24 UDS		MATED	4	19	168	7:30
ny delay is 2, and 3 to PM3. Page	Sartme	1				S. DATE OF BIR	20/196	(last birthday)	MONTHS DAYS	HOURS	MIN.	Month	PRONOUNCED	Doy 19	Yea	Ir -	2d. HOUI
ny 2, d	Sort	<i>)</i>		Female IRTHPLACE (Stote or fo	Colored	CITIZEN OF WHA		1	ARRIED NEVER M	ADDIED VI	0.000	Appr NTY OF DE		19		68	7:30
es 1, farm	Se la		count	w) Washing	gton, D	O.C. I	U.S.A.		_	VORCED	1000	arles					N.
ages oges th fo	State	1	10. C	TY OR TOWN OF DEAT	TH .				ON (If not in hospite	ol 12o. U	SUAL OC	CUPATION	(Kind of wor		12b. KIN	D OF BUSI	NESS OR
fter death Give Page ang with f	the 6	2		LaP1a		P	treet oddress) hysicia	ns Mem	orial Hos	p.		Warking	ife, even if r ant	etired.)	INDUSTRY	Y	
after 68. Give	with death.	C	13o.	USUAL RESIDENCE (W	here deceosed	lived, if institu	tion: Residence	before 13c. Cl	Y OR TOWN	13d. INSIDE CITY			T AND NUM	BER		e de la companya della companya dell	
rs af 18.	2 w	0	00	mission) STATE	Md.	13b. COUNTY Char	les	Whi	te Plains	YES N	10 X	Wh	ite P	lain	s, M	D	
24 haurs in Item 18 r's Office	pages 1 and 2 with the State haurs after death.	1	14. F	THER'S NAME EDV	First NARD	Middle X.		SCOE	1S. MOTHER'S MA		First ELA	INE	Mid		DUCI	KETT	
d within 24 in pencil in Examiner's	000		160. V	VAS DECEASED EVER IN	U.S. ARMED FOR (If yes give war		16b. SOCIAL SEC None		17. INFORMANT Edward	d X.	Bri	scoe	ADDRES - Fath		Whit		d. lair
in p		Ī		18. CAUSE OF DEAT	H (Enter only o	one couse per lir	ne for (o), (b), o	ond (c).)								PPROXIMATE I	
nauld be executed ward "pending" in the Chief Medical E	ansit permit. Fevent within			PART I. DEATH	WAS CALISED BY	٧.			licating	r Kero	sen	e ins	resti	on	BUT	WEEN ONSET /	MO DEATH
exe endi Me	t pe		9	864x			AS A CONSEQUE	-						347			
	ansi			Conditions, if ony, w		(b)									,		14
shauld e ward the Ch	al-tro any			stoting the underlyi		DUE TO, OR	AS A CONSEQUE	NCE OF							200		
				lost.	,	(c)											
s certificate she, writing the farwarded ta	as a b		1	PART 2. OTHER SIGNIF	ICANT CONDITIO	ONS CONTRIBUTII	NG TO DEATH B	UT NOT RELATE	O TO THE TERMINAL	DISEASE OR (CONDITIO	N GIVEN IN	PART 1(o)				
writ	e used as remaval,		CERTIFICATION	190. DATE OF OPERAT	ION		19b. CONDITION		PERATION					9 10	20.	. AUTOPSY	?
		1	E E				WAS PERF						130	3.15		YES 🙀	NO 🗌
	P 6		33	210. EXTERNAL CAUSE PRIMARY CONTON		21b. TIME OF I	NJURY Month, D	oy, Yeor	21c. HOW INJURY O	OCCURRED (En	iter natur	e of injury	in Port 1 or	Port 2, It	em 18.)		190
INER: e certifi shauld	iles. shauld itian, ar		MEDICAL	CAUSE OF DEATH		400 P.A	Apr.1	91968	Ingest								
the the	~ ~ ~ ~	1	W	21d. INJURY OCCURRE		CE OF INJURY (A y, office building Home	t home, form, s	street,	21f. LOCATION Stree	et or R.F.D. No.		,	or Town		County		Stote
XA Ute	yaur Page crem	2		AT WORK NOT WHILE							_	White	Pla	ins	Char	les	Md
CAL EXAMINER: execute the cert ar. Page 4 shaul	CTOR: burial,	8	13	22a. I certi					ve, held an Aut			pection [quiry [nd in my	y apiniai
Se e	E E			death resulte	d fram:	Natural caus	es 🔲, A	ccident 🔀,	Suicide,	Hamicid	le	Undet	ermined r	manner			
please	DIR DIR Ir to			ACTUAL 1	7,	11,1	11	1		HIEF MEDICAL			44/7				
TY.	tAL D			SIGNATURE	hory	MAK	lus	~	-111.0.	SSISTANT MED		-	-	22b. DATE			731
DEPUTY cessary, e funeral	may be retained for FUNERAL DIRECTOR: salth priar ta burial		5.	EXAMINER'S NAME (Type)		4 1 27	** * * * *	24.7		EPUTY MEDICA DDRESS(Street		-		Apri]	_21,	196	8
O DEPUTY necessary, the funera	5 may TO FUNE Health	-	230	BURIAL, CREMATION,	Ron 23b. DA	nald N.	Mornb L	um, M.I	Y OR CREMATORY	DONE JUNE			(City or Tow	(n)	(County)	10.	1040)
-	2			REMOVAL (Specify)		22/196			eph's Ce	mete					(County)	Land	rote)
	The state of the s	1		FUNERAL DIRECTOR		~~/ 1)(00	ADDRESS	phi p oc								
	A15ME (5)	0	Ar	ehart Fu	uneral	Home .	Inc.	-La P	Lata, Md.	2So. REC'I	APh	29	1968	fa	SIGNATUR	As you	egge



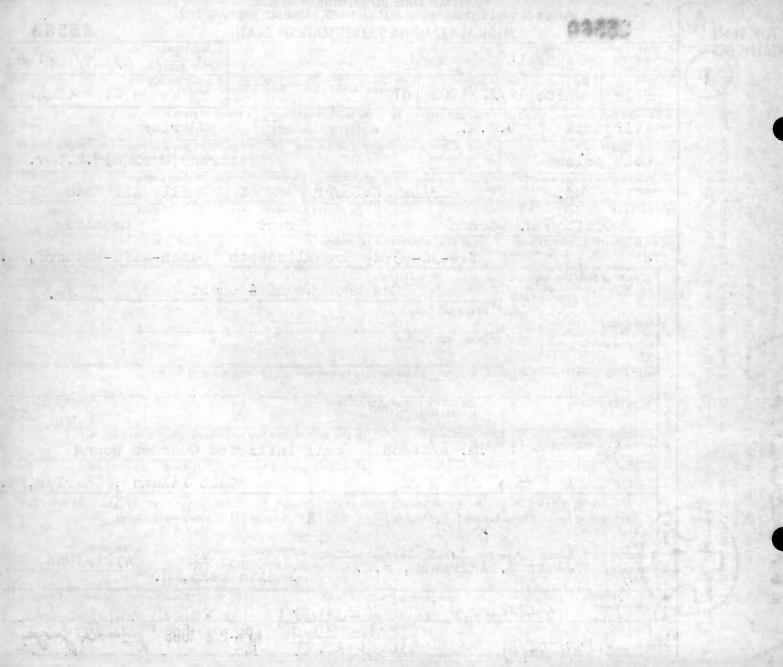
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05562 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME ♣ 20. DATE KNOWN Month 10. (Type or Print) ny delay is 2, and 3 to: PM3. Page DEATH MATED 6. AGE (In years 4. RACE S. DATE OF BIRTH DATE PRONOUNCED OFAD Nov. 25, 1898 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office alang with form USA WIDOWED TX DIVORCED Charles Italy 8. Give Pages with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR Physicians Memorial Hospital Housewille working life, even if retingon estic La Plata 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Charles Waldorf YES NO T Rt. 2 Box 220B Item 1 land 2 after 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAJDEN NAME Middle Unknown Unknown haurs .⊑ 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no. or unknown) (If yes give war or dates of service) David De Falco Rt. 2 Box 220B Waldorf, Md. File 72 within APPROXIMATE INTERVAL executed 18. CAUSE OF DEATH (Enter only one couse per line for (a), (6), and (c).) farwarded to the Chief Medical PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise ta immediate cause (a), shauld writing the ward any DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remaval used 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [NO 1 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) NOT WHILE AT WORK AT WORK FUNERAL DIRECTOR: 22a. I certify that I taok charge of the remains described above, held an Autopsy . Inspection -Inquiry Con and in my apinian deoth resulted from: Accident . Suicide [Homicide Undetermined monner Natural couses CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5 L TO FUN Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, ar county) 23a. BURIAL CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) WAldorf Charles Md Mill Hill Rd. Cemetery 4-23-68 1968 Elleriles Huntt Funeral Home Waldorf, Md. 20001 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5)

MAKTLAND STATE DEPAKTMENT OF HEALTH

ANTER ANTER ANTER ANTER THE STATE OF THE STA the second of the second of the second of The state of the s

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05563 HEALTH DEPT DECEASED-NAME Middle First 2g. DATE KNOWN Year MARSHALL DREW DODSON (Type or Print) OF ESTI-21/ 68 Poge ent of RACE S. DATE OF BIRTH White 12/22/1906 6. AGE (In years IF LINDER 24 HRS 2c DATE PRONOUNCED DEAD 3 SEX 4. RACE 2d. HOUR PM3. Year 68 Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED INEVER MARRIED 9. COUNTY OF DEATH U.S.A. pencil in Item 18. Give Poges 1, country) Virginia Charles WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 112b, KIND OF BUSINESS OR during Te to working life, (To let 1 the WOUSTRY . GOV . give street oddress) Cobb Island 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN pages land 2 with 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Md. 13b. COUNTY Charles Waldorf YES NO NO Mill Hill Road should be executed within 24 hours Middle 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Middle Clifton H. Dodson Grace Ronoles forworded to the Chief Medical Examiner's 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 219-34-9392 Eva Elizabeth Dodson-Wife-Waldorf, Md. event within 72 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Gun Shot Wound & Chest Lm. IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) or removol, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY Manth, Day, Year 3 shauld PRIMARYA OR CONTRIBUTING 4/21/68 Self Inflicted Gunshot Wound CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town County WHILE AT WORK AT WORK Charles, Md. Cobb Island . 22a. I certify that I taak charge of the remains described above, held an Autapsy . Inspection X Inquiry X and in my apinian death resulted fram: Natural causes Accident Suicide A Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DEPUTY MEDICAL EXAMINER ADDRESS COLOR TO THE ADDRES E. Andrews , M.D. 5 n. TO FUN. Health EXAMINER'S NAME Type 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (State) ELINERAL DIRECTOR VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05564 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN (Type or Print) ANN OF ESTI-4. RACE 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) MICH. USA WIDOWED [DIVORCED lond 2 with the Stote 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR the certificate, writing the word "pending" in pencil in Item 18. Give Pog 4 should be forworded to the Chief Medical Exominer's Office along with INDISTR'GOV'T during most of working life, even if retired.) 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where Deceased lived, if institution: Residence before 5945 23rd Parkway odmission) STATE 13b. COUNTY CHUS TENCH ofter 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME Middle Lost Smith Bea James pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (husband) within (Yes, no or unknown) (If yes give war or dates of service) Aubry B. Faircloth Same as # 13 ony event within 72 APPROXIMATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o) BETWEEN ONSET AND DEATH burial-transit permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) This certificate should stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 00 buriol, cremotion, or removol, be used 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 2). HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) PRIMARY OR CONTRIBUTING [CAUSE OF DEATH 21e. PLACE OF TNJURY (At home, form, street, 2 Lie LOCATION Street or R.P.D. No. City or Town foctory, office building, etc. NOT WHILE 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection [ond in my apinian deoth resulted from Accident -Suicide Homicide Natural couses Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE PEPUTY MEDICAL EXAMINER **FXAMINER'S** 5 may TO FUNE Heolth ADDRESS(Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BURNIAL Specify) Cedar Hill Cemetery 4-23-68 Suitland. Maryland 24. FUNERAL DIRECTOWilhelm Funeral Home 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 1968 4308 Suitland Rd'SE Suitland, Maryland

MAKYLAND STATE DEPAKIMENT OF HEALTH

1202				2003
			The state of	
Town 85 U.S.				
New March 1752 Table				
				49001
CE & a reson		VSB UA		
			SE WENN	
			2.0	
anni e e e e e e e e e e e e e e e e e e	1112	TAMED LTU		
1 1988 L	J. 6 % ~		enoredo por la partición de la companya de la compa	and of miles. In the

1	DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATEVIL	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	565
HEALTH DEPT	1. DECEASED-NAME First Middle Just 1 2a. DATE KNOWN Month Day Yes	r 2b. HOUR
× 0 8 €	(Type or Print) EAXI A OF ESTI- DEATH MATER 455 19	18/1
deloy is	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in years IF UNDER 4 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
hours after death ny deloy tem 18. Give Pages 1, 2, and 3 Office along with form PM3. Pages 10 office along with the State Depottment offer death.	M Neggo 6-19-1906 61 YRS. MONTHS DAYS MOURS MIN. Manthy Day Year	8 31
2, 2, 9	70. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	10/3. 14
hours after death Item 18. Give Pages 1, Office along with form 1 ond 2 with the State De ofter death.	(auntry) MA 42-11.	
age age the f	10. CITY OR JOWN OF DEATH 11. NAME OF HOSRITAL OR INSTITUTION (If not in-hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF	BUSINESS OR
after death. 8. Give Pages along with for with the State death.	give street oddress of the during post of working life, even if retired.) INDUSTRY	
fter Giv Sing Sing Th t	12 HIGHAI DESIDENCE ONLY I LE L'EL L'EL L'EL L'EL L'EL L'EL L'EL	aras
s after 18. Girls along along deoth.	admission) STATE MAY JANA 13b. COUNTY 18 NO 13c. STREET AND NUMBER	
hours Item 1 Office Iond 2	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First, Middle	Last
24 h in Ite r's O r's O rs of	SAMURI AL Gras HARriett Sleyner	4031
hin 24 ncil in niner's pages haurs	16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16g/SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	(Yes, no, or unknown) (If yes give war or dates of service) ENKNOWN Elizabety Gray - Marbon	/
d with the Example of the File in 72		MATE INTERVAL
be executed "pending" in nief Medical E ansit permit. F event within.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OFOLIOTY OCCLESSION TO	INSEP AND DEATH
mdir Mec	4/09 DUE TO, OR AS A CONSEQUENCE OF	
be "pe ief ief nsit	Conditions, if any/which gave	
	rise to immediate cause (a), (b) Stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shauld be en word "per to the Chief I burial-transit	last.	
the street the dark	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
fica ing dec dec os 1, a	L 14201	
certii v writ orwar used movo	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTO YES 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Finter nature of injury in Part Lor Part 2 (term 18.)	OPSY?
his of arte, he follower rem	WAS PERFORMED?	□ NO □
# P P 0	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)	
IINER: 1 shauld b files. 3 should	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home form street 21f. LOCATION Street or P.E.D. No. (its or Town)	
	Chy di 10wii	State
CAL EXAMINER: execute the certion. Page 4 shauld of far your files. TOR: Page 3 shou ouriol, cremation,	WHILE NOT WHILE AT WORK AT WORK factory, affice building, etc.)	
L EXA cecute Page far you R: Pag	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in	my opinion
ICAL Es executor. Page ed far CTOR: burriol,	deoth resulted from Natural causes , Accident , Suicide , Hamicide , Undetermined monner	,
ease lired foin to to	CHIEF MEDICAL EXAMINER	
Al B	SIGNATURE ACTUAL M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED	10
DEPUTY cessary, e funero may be FUNERA	EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	00
D DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retoined for your D FUNERAL DIRECTOR: Page Health prior to buriol, crem	NAME (Type) ADDRESS(Street, city, town, ar caunty)	
necessary, plea the funeral dire. 5 may be retoi to FUNERAL DIR Heolth prior to	230 BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(State)
	St. Mary Star of the Sept the JAM HEAD, M	ud.
MA	24. FUNERAL DIRECTOR 250 DEFE D 17 RGISTAR 25 JOHN JURE	4
VR A15MH (3)	220211 Roll and Buf 16 mg	

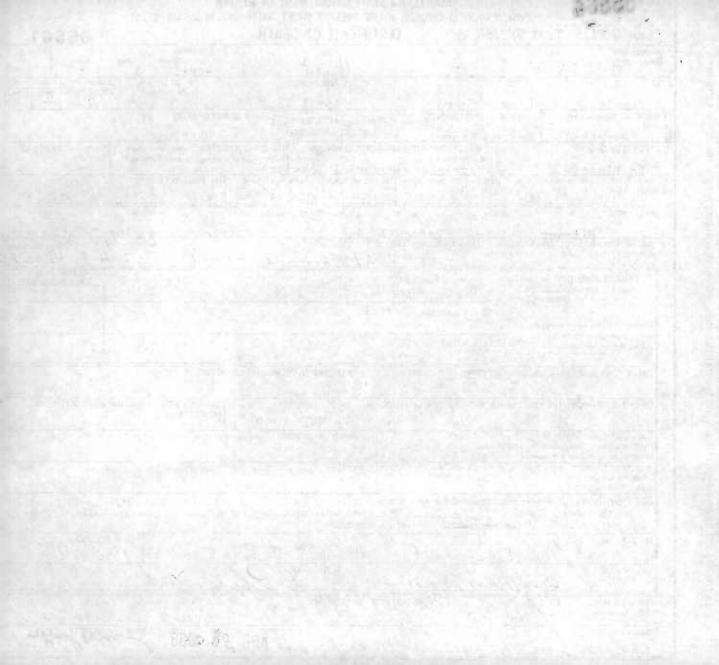
MAKILAND STATE DEPAKIMENT OF HEALTH

DAVE STREET, S

THEZILI HE WANTED APER THE ME TO SEE Female White 7/31/11 55 Couland Romanhay a 10 month Highertenin Calorarula dearer - 8 years 11 April 10 April 18 11 April 18 11 Apr318 ARTHUR C. WOODON MD.

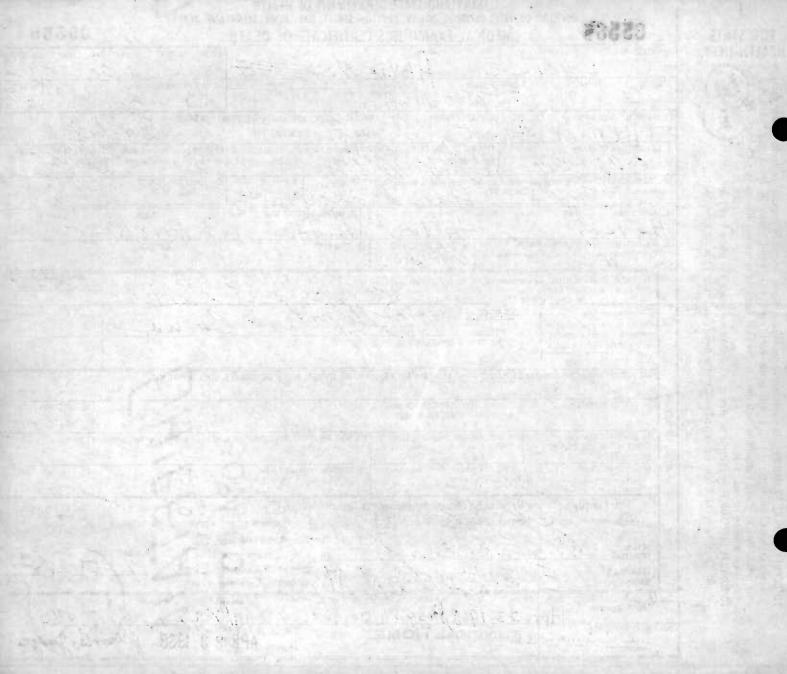
			DIVISION OF	VITAL RECORDS,	301 W. PRI	ESTON STREET, BALTI	MORE, MARYLAND	21201		
	3	tem 6 Film G40	0 5/2/68	ldc (CERTIFICA	TE OF DEATH			055	67
e Jen		CEASED-NAME First		Middle		Lost	20. DATE OF DEATH			2b. HOUR
le of le of	(1	ype ar print) BA	BY	GIRL.	1	fart	April	h Doy	Year 68	M
= 15 ×	3. SE		4. RACE		S	. DATE OF BIRTH	6. AGE (1 last bird	n years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
aft the tges s aft		female	MEVE	negro		April 12,196	last bir	thday) YRS.	MONTHS DAYS	HOURS MINO
by Pours	7a. 8	BIRTHPLACE (State or foreign	7b. CITIZEN OF W		8. MADDIED	The state of the s	COUNTY OF DEATH	11.5.		
in ers.	cour	try) Maryland	United	Chatas	WIDOWED		Charle			Md.
n 24 lled pap in 7	10. 0	ITY OR TOWN OF DEATH		IAME OF HOSPITAL OR IN:			OCCUPATION (Kind of		12b. KIND OF 8	
ith ithing (%)		Ta Diaha	give	street oddress) Physicians	Momoraio	during ma	st af warking life, even	if retired.)	INDUSTRY	
d w arb arb	13a.	La Plata USUAL RESIDENCE (Where decease	ed lived, if institu	tian: Residence befare	13c. CITY OR T	OWN / 13d, INSIDE CITY AN	13e. STREET AND	NUMBER	1	
mmp ve c	admi	ssian) STATE MARYLA	13b. COUNTY	CHARLES	Fred 1 An		114 B	ERTH	6 CIP	() F
d co mo,	14.	ATHER'S NAME First	Middle	Lost		MOTHER'S MAIDEN NAME FI		Middle	a OIN	Lost
an an in c		714	Tate	Fairch			eatrice	Dooin	u Uam	-
rian cian and	16a.	WAS DECEASED EVER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURITY	NO. 17. INF	ORMANT	earrice	Regin	14 Berti	ha Cird
ifice nysii n pla al,	Y	es, no, or unknown) (If yes give we	ar or dates of service)		14	EATRICE	HEART	IND		EAD, M
requires that the death certificate be executed within 24 haurs after death. a physician. signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remove carban papers. Pages and a burial, crematian, or remaval, and in any event, within 72 hours after death.		18. CAUSE OF DEATH (Enter onl	v ane cause per l	ine for (a) (b) and (c)						ATE INTERVAL ISET AND DEATH
ath idin it. 1		PART I. DEATH WAS CAUSED	BY:	Prematu					DCIWEEN ON	SEI ANO DEATH
dec internation		7777 IMMEDIA	TE CAUSE (a)	AS A CONSEQUENCE OF						
the of the strict the		Conditions, if ony, which gave	DUE TO, OK	AS A CONSEQUENCE OF						
hat n. ansi		rise ta immediate cause (a),	DUF TO OR	AS A CONSEQUENCE OF						
d boundary		stoting the underlying cause last.	(4)	AS A CONSEQUENCE OF						
luire hys igne uria		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO 1	THE TERMINAL DISEASE ORCO	ONDITION GIVEN IN PART	1(0)		
ng p	-	776 X								
law ndir bee s th iar	ATIO	19a. DATE OF OPERATION 19b. (ONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20o. AUTOPSY?	20b. IF YES, WERE	FINDINGS CO	ONSIDERED IN CER	RTIFYING
PHYSICIAN: The law e haspital ar attendin his certificate has bee tracked far use as the Dept. af Health priar t	CERTIFICATION					YES NO X	CAUSES OF DEATH	?		
ar ar use		210. ACCIDENT WAS UNDERLYIN			21c. HOV	/ INJURY OCCURRED (Enter	noture of injury in Part	1 ar Part 2, I	Item 18.)	
iffice if the latest t	MEDICAL	OR CONTRIBUTING CAUSE OF OEATH		Month Day Year						
YSI asp cert cert ched	MED	21d. INJURY OCCURRED 21e.				ATION Street or R.F.D. Na.	City or Town		County	State
PH his he had be betage		While Not while at work		OFFICE BUILDING, ETC.	1				E0-315	
ATTENDING stained by it to the State of the		22a. I certify that (I) (thi	s-hospital) att	tended the decease	ed fram /	2 aux . 196	8 to 12-At	W 19	of that	(I) (we) last
NDI NDI NDI NDI NDI NDI NDI NDI NDI NDI		22a. I certify that (I) (thi saw the deceased al	ive an	LAN	9(28, and	that in (my) (our) apir	ian death accurred	an the da	te and haur a	nd fram the
OR Gine		causes stated abave	, (I) (we) (did)	(did not) view the	bady atter de	ath.				
RECT With With With With With With With With		22b. SIGNATURE	name	man		ATTENDING ME	D. STAFF	22c.	DATE SIGNED	10
be be		and nuversians	rusmi	- MIN	DEGREE		RECTOR PHYS.	U/\	supri	00
May RAL Pa	-	22d. PHYSICIAN'S NAME (Type)	B Ma	m m	()	22e. ADDRESS	1 th m	d.		
NET TO THE PARTY OF THE PARTY O	-		Nº 11MC	100 1111	ev	1 Davi	and the			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pagers. Pages & and shauld be filled with the State Dept. of Health priar ta burial, cremation, or remayal, and in any event, within 72 hours after deather than the state Dept.	230	BURIAL, CREMATION, 23b. D	-17/	C Z3G NAME OF	CEMETERY OR CI	THE DAY	23d. LOCATION (City or	Iown)	(County)	(Stote)
5-5-10	1	FUNERAL DIRECTOR	16	ADDRESS	majero	2Sg /REC'D BY	PEGISTRAD 25h	DECKIBADIS	SIGNATURE (1)	meet
VR A15 (4) 30M REV, 1/68	17	Ullast-F	willer	and Sans M	CLO Di	Tax AP	REGISTRAR 1968	True	artes you	7
-11-09194	\angle	uney su	- CT MOI	we W	pro	-UAIE		1/	U	

MARILAND STATE DEPARTMENT OF REALIN

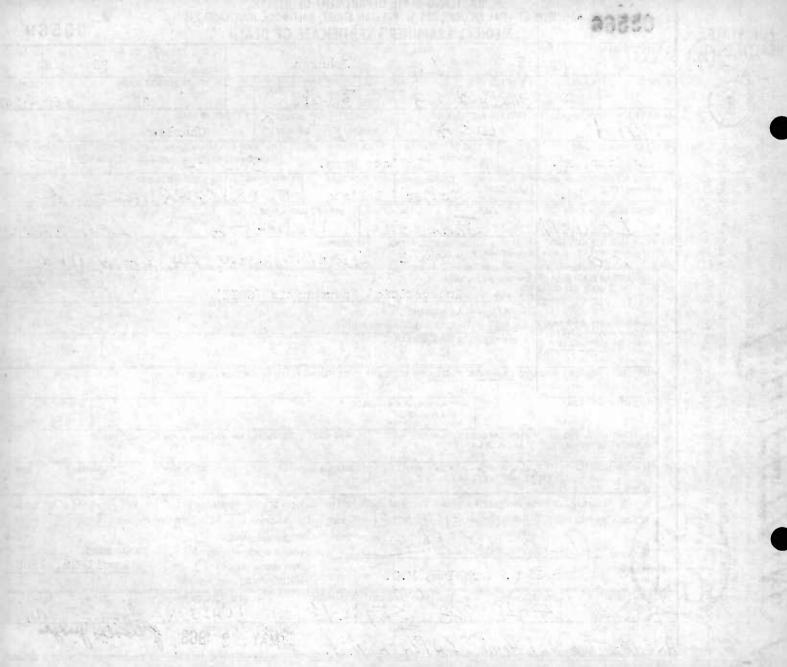


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05568 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First 2a. DATE KNOWN Manth (Type or Print) ESTI-DEATH MATED delay 4. RACE IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH ABE (In years lost birthday) 2c. DATE PRONOUNCED DEAD Manth Year MARRIED NEVER MARRIED 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH form WIDOWED [DIVORCED [8. Give Pages the Stat 10. CITY OR FOWN OF DEAD 11. NAME OF ASSPITAL OR INSHIPUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done haurs after deoth Office alang with 12b AND OF BUSINESS OR during mast af warking life, even if retired.) death. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, SMY OR TOWN admission) STATE 13b. COUNT) land 2 Item | after 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last =Nex rd "pending" in pencil in Chief Medical Examiner's hours .⊑ pages 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT pencil **ADDRESS** (Yes, na, ar unknown) (If yes give war or dates of service) UNKNOWN File APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate couse (a), any shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 4 shauld be farwarded to the .⊆ and certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g) 0 OS remaval 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES [be 9 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, **EXAMINER:** CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. Na City or Town County State factory, affice building, etc.) NOT WHILE please execute AT WORK AT WORK 22a. I certify that I tack charge of the remajor described above, held an Autopsy FUNERAL DIRECTOR: Inspection -Inquiry and in my apinian directar. death resulted frame Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER priar ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, ar caunty) 50 BURIAL EREMATION. 23b. DATE 23d. LQCATION (City or Tawn) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR 26a. REC'D BY REGISTRAR REGISTRAR IVIL LIKINION VR A15ME (5) DATE 10M REV. 1/68

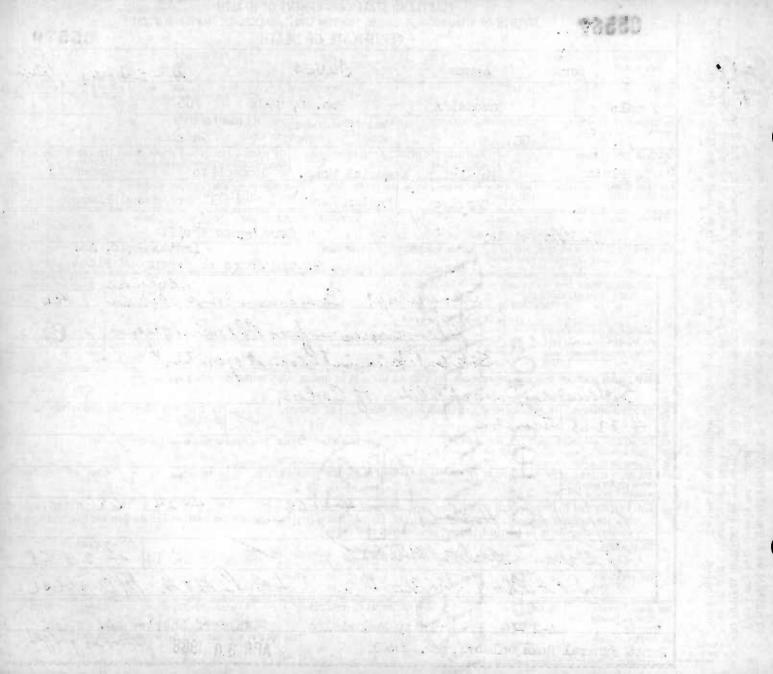
MAKTLAND STATE DEPAKTMENT OF HEALTH



	MAKYLAND STATE DEPARTMENT OF HEALTH	
FOR CTATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	05569
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT	1. DECEASED-NAME First Middle Lost 20. DATE KNOW (Type or Print) Derick / Johnson OF ESTI	/ 25 68
to go to	DEATH MATE	
d d d	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOIL lost burthday) HOURS MIN. Month	D V
ny delay is 2, and 3 to This Rage	M C MARCH 12,1968 ost burnholoy) YRS. 6 weeks MIN. Month	25 Year 19 68 4:20 F
	76. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
form form	Charl	
24 hours after death in Item 18. Give Pages I r's Office along with form es I and 2 with the State are after death.	0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital duripa-most of working life, ey	
r dec	Lariata, Md.	
s after 18. Give 118. Give 119. Evith 12. With 13. death.	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND 13b. COUNTY Charalass Table 1 13b. COUNTY Table 1 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET AND 13d. INSIDE CITY LIMITS? 13d. INSIDE CITY LIMITS?	NUMBER
rs (ce o	mu. Charles Lariata S/AK	ROUTER
hours Item Office I and 2	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First	Middle Last
24 in 1 in	Lowell Johnson VelveTTA	LEONARD
hin 24 hours after death nicl in Item 18. Give Pages niner's Office along with fair pages 1 and 2 with the State hours after death.		DDRESS
with per xam xam 172	(Yes, na, or unknown) (If yes give war or dates of service) NONE Lowell Johnson, LA	PLATA Md.
be executed will pending" in per hief Medical Exar ansit permit. File event within 72	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: The constraint of Death was CAUSED BY: The constraint of Death was CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ling edic erm wit	IMMEDIATE CAUSE (a) Interstitial Pneumonitis (SDII)	
ex f M it p	DUE TO, OR AS A CONSEQUENCE OF	
l be d "p	Canditions, if any, which gave rise to immediate cause (a), (b) (b)	
vard vard ne Ch al-tra	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	ALEXANDER BOOK IN THE
sho sho the work of the burning burnin	last. (c)	
INER: This certificate should be executed within 24 hours after death a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with farm files. 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Medical, or removal, and in any event within 72 hours after death.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	1(0)
tiffic ard d a:	196. CONDITION FOR WHICH OPERATION	Lee Alizoneva
his certi ate, writ e farwai be used remava	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This cate to be true	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Por	YES NO
INER: T ie certific shauld b files. 3 shauld oatian, or		1 1 or Part 2, Item 18.)
NER cer hou illes. sho	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	n County Stote
	WHILE NOT WHILE foctory, office building, etc.)	Toolity Store
ical Examiner: e execute the certificator. Page 4 should led for your files. ECTOR: Page 3 should burial, cremation,	AT WORK AT WORK	
ICAL E) e executor. Pag ed far) CTOR: P	22a. I certify that I taak charge af the remains described abave, held an Autapsy X, Inspection,	Inquiry, and in my apinian
please e director retained. DIRECT for to bu		ned manner
Ty please y, please eral direct be retaine (AL DIREC	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	COL DATE CLONED
JTY JTY, Irry, I Be r Be r prid	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	22b. DATE SIGNED April 26, 1968
DEPU ecessa in func may I FUNEI ealth	EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D. DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	
o DEPUTY DICAL EXAM necessary, please execute the funeral directar. Page 45 mg be retained for your or FUNERAL DIRECTOR: Page Health prior to burial, crem	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of	or Town) 1 (County) (Stote)
1	GEMOVAL (Specify) 4-29 1910 ST Parile 11) 21 do de	or Planter m.
1300	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAP 20 25	b. ATO TRAPS CONAT DE
VR A15ME (5)	AREHART EUNERAL Home, LAPLATA Md. DAMAY 2 1968	trans Ind
O 10M REV. 1/68	THE THAT I DIVER HE TO THE) LHILH IH I III	



MARYLAND STATE DEPARTMENT OF HEALTH 05567 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05570 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR (Type ar print) IONES Dora. Agnes popers. Poges t 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER TYEAR IF UNDER 24 HRS. dast birthday) MONTHS OAYS HOURS Feb. 6, 1902 Femake Caucasian 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign within 24 hou 8. MARRIED NEVER MARRIED country) .⊆ Charles USA WIDOWED [DIVORCED [burial, cremotion, or removal, ond in ony event, within 72 Va. completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address) during mast af warking life, even if retired.) INDUSTRY Domestic corbon La Plata Physicians Memorial Hosp. Housewife 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER requires that the death certificate be executed admission) STATE 13b. COUNTY, NO -Greenwood Place Indian Head Charles 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Cora Agnes Thrift William DeAtley attending physicion permit. Then pleose Indiamoresead, 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, ar unknawn) (If yes give war or dates of service) Wm. Howard Jones 11 Greenwood Place None No APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriof-tronsit Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to 19b CONDITION FOR WHICH OPERATION WAS PERFORMED L 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 20g AUTOPSY? CAUSES OF DEATH? NO F YES [O FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Nat while at wark 220. I certify that (1) (this hospital) attended the deceased fram 4-21-65, 19. saw the deceased glive on 77-24-68 19 ____, and that in (my) (our) apinion death occurred an the date and have and fram the touses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATHR 22c. DATE SIGNED **ATTENDING** DIRECTOR PHYS. PHYS. 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) aldorf Charles Md. rinity Memorial 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 Huntt Funeral Home Waldorf, Md. 20601



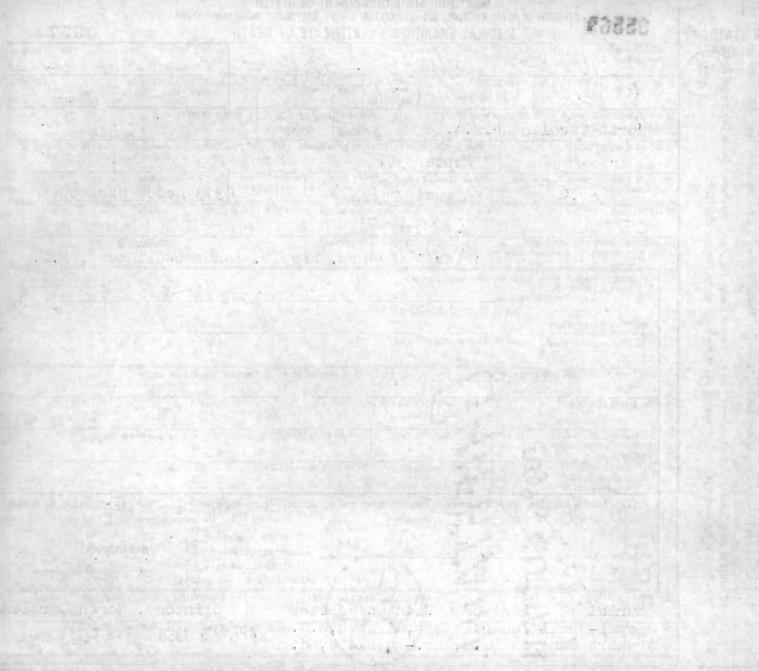
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05571 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT DECEASED-NAME Middle Lost 20. DATE KNOWN Month Yeor (Type or Print) ESTI-Page to DEATH MATED delay UNDER YEAR 3. SEX 4. RACE S/DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2, o. PM3. partme Doy Yeor 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH the Chief Medical Examiner's Office alang with farm the State De 8. Give Pages 1, WIDOWED [DIVORCED after death 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR treet address) INDUSTRY during most of working life, even if retired.) Housewite with death. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Item 1 land 2 after 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME Lost First Middle Last .= pages haurs pencil i within 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes give war or dates of service) File within APPROXIMATE INTERVAL be executed CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY: permit. PETWEEN ONSET AND BEAT pending IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gove rise to immediate couse (o), This certificate should writing the ward GRY DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= farwarded to and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 0 00 remaval CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES 🗌 NO T pe 5 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should shauld HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING crematian, **EXAMINER:** CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) DIRECTOR: Page NOT WHILE AT WORK ___ AT WORK __ burial, 22a. I certify that I taak sharge of the remains described above, held an Autapsy Inspection and in my apinian Inquiry director. Natural causes death resulted frame Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, town, or county) 50 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b. DATE 23d, LOCATION (City or Town) (County) FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRA

MARYLAND STATE DEPARTMENT OF HEALTH

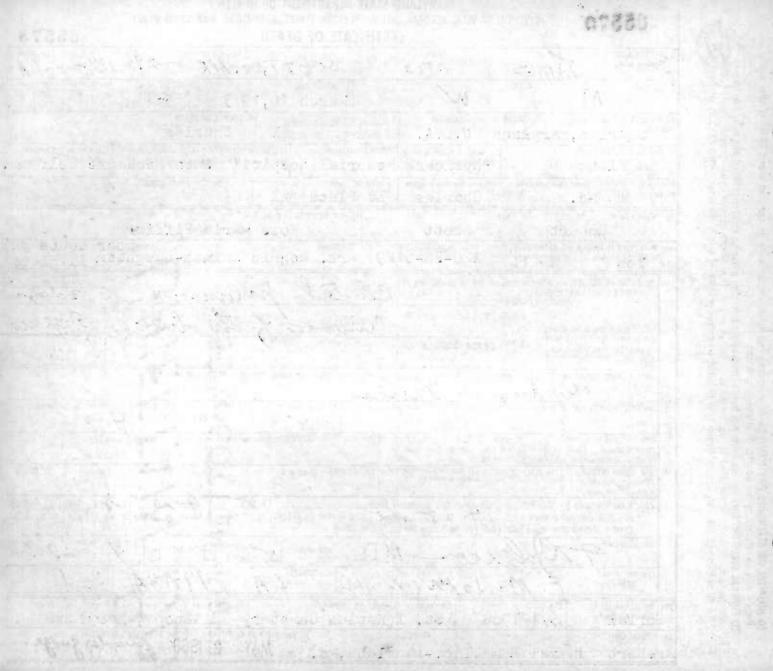
APP 1 1988 F 1 1988 F 2 Company of the company of t

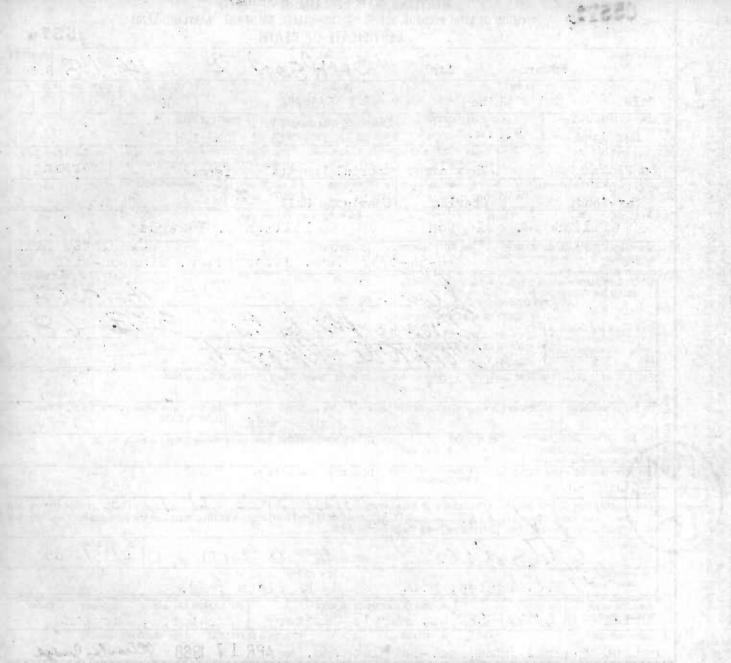
1 (1 1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE VI	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5572
HEALTH DEPT.	1.0	DECEASED-NAME First Middle Lost Control Day OF ESTI-	Year 2b. HOUR,
Hay is Page		LOTHER SANCE TANKS DEATH MATED 4/8	68/14 M
de E	3. 5	MONTHS DAYS HOURS AND	ear 68 2d. HOUR
2, P.		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH,	The Volume
farm farm te De	caur	North Carolina U.S.A. WIDOWED DIVORCED Chikles	Md.
24 haurs after death. Jny in Item 18. Give Pages 1, 2, arr's Office along with farm PM es 1 and 2 with the State Depart rs after death.	10.	ORY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital like used of work done like give street oddress) #301 12. USTAY OCCUPATION (Kind of work done like used of working life; even if retired) HOUIST	IND OF BUSINESS OR
Give ng n h th	13a.	. USUAL RESIDENCE Where deceased lived, if institution: Residence before 136-5175 OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
s after 18. Giv e alang 2 with death.		admission) STATE 1/12 . 13b. COUNTS ampson V Claston YES NO 1313 McCoy Stre	et
24 haurs in Item 18 r's Office ss 1 and 2 v	14. 1	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Wads	Last
thin 24 ncil in niner's pages haurs	160.	OTTIS LAMBEY! MYYTLE Wads was deceased ever in u.s. armed forces? Light social security no. 17. informant address ite	WOTTH.
be executed within "pencil" in pencil in gencil in gencil in file faamine insit permit. File pageevent within 72 hau		Yes, no, or unknown) (If yes give wor or doles of service) 272-16-7613 Mrs. Mary N. Lambert-Clinton	, N.C.
xecuted wi nding" in pe Medical Exai permit. File		18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c))	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
ecuted in sedical Exermit. Florithin		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	19/9/0
be excipend in the properties		Canditians, if any, which gave	1260
Id be Chie tran		rise ta immediate cause (a),	
shauld be e ne ward "per a the Chief I burial-transit I in any even		stating the underlying couse but to, ok as a consequence of lost.	
This certificate shauld cate, writing the ward be farwarded ta the Ch lbe used as a burial-tre or remaval, and in any		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
is certif te, writi farwari e used or remaval	CERTIFICATION		O. AUTOPSY?
his carrier, and the carrier for the carrier f	SIFIC	WAS PERFORMED?	YES NO NO
生 20	MEDICAL CE	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21b. TIME OF INJURY Month, Doy, Year HOUR A.M. P.M. 19	
CAL EXAMINER: execute the certi or. Page 4 should tel for your files. CTOR: Page 3 shau burial, cremation,	WEI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City ar Tawn County at work	nty State
EX ecute Page or y R: Po al, c			ond in my opinion
ICAL E executor. Pa ed far CTOR: I burial,		deoth resulted from; Notoral causes , Accident , Suicide , Homicide , Undetermined monner	one and openion
please e I director retained	18	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF SIGNED	
ry, peral		SIGNATURE M.D. ASSIANT MEDICAL EXAMINER 220. DATE STONED	7-60
EPU SSSQI fun fun day INEI		EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, tawn, ar caunty)	,00
nece the 5 m 10 FU	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Count REMOVAL PRIOR 4/21/1968. Clinton Cemetery Clinton, Nort	y) Carolin
	24		
VR A15ME (5)	24.	Arehart Funeral Home Inc La Plata, Md Date 1968 REGISTRATE SIGNATURE APPROXIMATE APPROX	es Judge

MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 05570 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0557 Middle Last 2a. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First requires that the death certificate be executed within 24 haurs after death. Month 29 (Type ar print) DTIS AMES 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years lost birthdoy) director, page 3 should be detached far use os the burial-transit permit. Then please remove carbon papers. Pages Should be filed with the State Dept. of Heolth prior ta burial, cremotion, or removal, ond in any event, within 72 hours aft March 18,1913 completely filled in by 7a. BIRTHPLACE (State or fareign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Charles . Maryland Charles U.S.A. DIVORCEDA WIDOWED | 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Ho suing most of working life even littlifeth an WOUSTR'S elf La Plata Memorial 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY Charles YES NO Md. La Plata 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Lost puo Rose Marie Piffier Robert Scott physicion o AddressStar 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 220-28-6129 '(If yes give war or dates of service) Yes, no, of unknown) Mrs. Connie Raimes-Daughter 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by the burial-transit Canditians, if any, which gove rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been OR ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES TH Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate 21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn County Stote While Not while at work 220. I certify that (I) (this hospital) attended the deceased from 1965, to 4-29, 1965, that (I) (we) last sow the deceased alive on 1965, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obove, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE DAJE SIGNED MED. DIRECTOR ATTENDING 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Caunty) (Stote) 23b. DATE 23o. BURIAL, CREMATION, 5/1/1968 BREMOYAL Specify) Hilltop St. Ignatius Cemetery Maryland 1968 REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR DATE MAY Arehart Funeral Home, Inc.-La Plata, Md.





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05575 Middle 2o. DATE OF DEATH DECEASED-NAME First (Type or print) Robert Winston Sutherland 4. RACE S. DATE OF BIRTH 6. AGE (In years 1F UNDER 1 YEAR IF UNDER 24 HRS. Male 624 birthday) W-US DAYS MONTHS HOURS 8-3-1903 Paurs 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED petersburg-Va Charles County USA DIVORCED WIDOWED [attending physician and completely filled permit. Then please remove carban pap burial, cremation, or remavol, and in any event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH E during most of working life, even if retired.)
Govt Employee US. Govt. LaPlata Md Memorial 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN Indian 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER ATTENDING PHYSICIAN: The low requires that the death certificate be executed odmission) NEAF vland HeadX 43-Cypress 13b. COUNTCharles NO [Indian Head 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Middle John Robert Sutherland Vivian Gunn Gaynelle Sutherland-wifeIndian Head 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Nes, no, or unknown) 239-10-8401 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND OEATH PART I. DEATH WAS CAUSED BY S CAUSED BY:
IMMEDIATE CAUSE (0) Sarcoma-Pulmonary Rt. Lung 14-Mths signed by the attendii burial-tronsit permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) use os the lath prior to b hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO A YES 🗌 of for use TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Yeor P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (I) (this hospital) attended the deceosed from 3-29-68, 19, to 4-5-68, 19, that (I) (We) lost saw the deceased alive an 1-3-68, 19, and that in (my) (all Kopinian death accurred on the date and haur and from the 4-3-68 couses stated abave, (1) 1676) (did) (did nat) view the body after death. 22b. SIGNATURE 224 DATE SIGNED **ATTENDING** MED. DIRECTOR director, page 3 should be filed DEGREE PHYS. 22e. ADDRESS .Andrews MD NAME (Type) James E Indian Head Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION Virginia Petersburg, 4/6/1968 Old Blandford Cemetery 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 30M REV. 1/68 Funeral Home, Inc. - La Plata, Md. DATEAPR O.

MAKYLAND STATE DEPAKTMENT OF HEALTH

THE PARTY OF THE PROPERTY OF THE PARTY OF TH The best of the state of the st Police of Linear Dis the feet and the standard of the 5 The property of the contract o Lailen Hending The state of the s

WEERS AND THE RESERVE THE PROPERTY OF THE PARTY OF

-6	/	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
FOR STATE		35574 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0557	11
HEALTH DEPT	/i. D	PECEASED-NAME First Middle Last 2a. DATE KNOWN Month D	ay Year	2b. HOUR
140	1	Type or Print) Tomor Don Mol No.		? M
3 to 0 de	2)6	SCALL MALLO (20 1 20	-0019	
deloy and 3 M3. Pog	パ		Year	2d. HOUR
ny deloy is 2, and 3 to PM3. Poge		60 YRS. 4-11-08	Yeor 19	9-15
any 2, 2, 2, and be possible		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH		
form form	Lis	Plata Md USA widowed Divorced Charles County		Md
age age th f	10.		b. KIND OF BUSI	NESS OR
24 hours ofter death. In deloy is in Item 18. Give Pages 1, 2, and 3 to r's Office along with form PM3. Page stand 2 with the State Department of rs after death.	-	Laria Va Mil	IDUSTRY	
hours ofter Item 18. Giv Office olong	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN drisson at the state of the sta		
s often 18. Gi 18. Gi 2 olong 2 with death.		disposition and 13b. COUNTY CHARLES LAPLATA YES X NO I Taplata Md	tery	
24 hours of in Item 18. r's Office old es land 2 wins offer dea		ATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle		
hour Item Office I and 2	14. 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Henry H. Wallace Annie Stewart	Last	
24 r's r's rs				
certificate should be executed within 24 writing the word "pending" in pencil in rworded to the Chief Medicol Examiner's used as a buriol-transit permit. File pages novol, and in any event within 72 hours	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS HAPPEN H Wallace Transplates	- W.J	
l within n pencil Examine File pogr	1	(es, no, or unknown) (If yes give war or doles of service) 212-14-8332 Henry H. Wallace Jr-LaPlate	a Ma	F-3 - 10
be executed wil "pending" in pe nief Medicol Exar ansit permit. File event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE I	NTERVAL
executed nding" ir Medicol 1 permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronory Occlusion	BETWEEN ONSET AND DEATH	
be execut "pending" nief Medico unsit permi		410 9 DUE TO. OR AS A CONSEQUENCE OF		~ 00
e e e e st l		6 100 0 100	T 2 - 61 -	
d b d :: dd :: Chik		rise to immediate couse (a) (b) Al Cello Sciences General	Indefin	Tre
should e word o the Ch ouriol-tra		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF		
should be en word "per or the Chief buriol-transit in ony ever		(c) Aging Process	Indefin	nite
This certificate should be executed within cate, writing the word "pending" in pencil be forworded to the Chief Medicol Examine be used as a buriol-transit permit. File page or removal, and in any event within 72 hour	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)		
fica fing rdee	z	14201		
This certificate, writing the forword be used o	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?	}
for for	을	WAS PERFORMED?	YES 🗆	NO [
This ficate, be for d be to or ren	ER	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item		
	B	PRIMARY OR CONTRIBUTING HOUR A.M.	,	
INER: Te certifice should be files. 3 should intion, or	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County	C1-4-
(AMINER: te the certi te 4 should your files. oge 3 shou cremation,	-	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, while most while factory, office building, etc.)	County	State
ICAL EXAMINER: e execute the cert for. Poge 4 should ed for your files. CTOR: Poge 3 should burial, cremation,		AT WORK AT WORK	5 5 5 5 6	21.00
Recu Po far far ial,	100	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection xx, Inquiryxx,	ond in my	opinion
CAL 1		deoth resulted from: Noturol causes X, Accident , Suicide , Homicide , Undetermined monner	1	
pleose I director retainer DIRECTOR OF TO BIRECTOR		CHIEF MEDICAL EXAMINER	-	
y, pleos y, pleos rol directer rat DIRE	1	ACTUAL A TO SOLD DATE COO	SNED	
EPUTY Ssary, pleose funerol direct ay be retaine INERAL DIRE ITH prior to	1	M.U. DOUBLY MEDICAL EXAMINED	2-68	
EPU fun ay JNE ITh	-	EARTHER #		26.3
TO DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health prior to burial, crem	00	Indian	Head	
7 + 6 2 + 4	230	BENDAL (SPENATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) CONTROL OF CEMETERY OR CREMATORY LA PLATA. Chi	County) (Sto	ote)
	1		gRIES,	11/1
J. H.	. 24.	FUNERAL DIRECTOR 2SO. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIG	NATURE	
VR A15MEV61	1	REHART TUNERA Home, LAPLATA MODATEAPR 17 1958 OCLUM	la Ouda	

MARYLAND STATE DEPARTMENT OF HEALTH